EAST GEORGIA STATE COLLEGE
FITNESS CENTER ELIGIBILITY VERIFICATION

Adopted by President’s Cabinet 4/28/15
(Please take this completed form to the Business Office located in the Student Center)

*****************************************************************************************
Fitness Center Patrons
Name: ______________________________________
Mailing Address: ___________________________________________________________________________
City, State, Zip: ____________________________________________________________________________
Home Phone: (___)______________ Alternate Phone: (___)_____________
Monthly Charge: $35.00   Fitness Center Special: _________

*****************************************************************************************
EMPLOYEES
Name: ________________________________
Department:  _______________ SSN:_______________
EMP ID:  9300______ Status:  Full time ___Part Time __ If PT Faculty for Semester__________

I attest that the information listed above is correct. I understand that membership eligibility is based upon my active
employment status as noted above with East Georgia State College and is non-transferable. Each person must present a
valid EGSC ID to be admitted to the Fitness Facilities located in the Physical Education Building.

Employee’s Signature   Date  Human Resources     Date
*****************************************************************************************
RETIREES:
Name__________________________________  SSN:  ______________________
Spouse Name _______________________________  SSN:  ______________________

I understand that membership eligibility is based upon my retiree status with East Georgia State College and is non-
transferable.

Retiree’s Signature   Date  Human Resources     Date
*****************************************************************************************
FOUNDATION DONORS:
Name:  _____________________________ SSN:  __________________________
Name of Business: ____________________________ Date of Donation: ___ _________ Expires: ____________

I understand that membership eligibility is based on status as a donor and is non-transferable.

Donor’s Signature   Date  Development/External Affairs    Date
*****************************************************************************************
ALUMNI:
Name:  __________________________________  SSN:  _________________________
Date of Graduation: ____________  Membership Expires: __________________________________

I understand that membership eligibility is for one year after the date of my graduation and is non-transferrable.

Alumnus Signature   Date  External/Alumni Affairs      Date
*****************************************************************************************
PATRONS:
Name: __________________________________  SSN: __________________________
Amount Paid: ________ for period_____________ to _____________ Visitor Parking Pass Issued:  ______________

For an up-to-date copy, go to the policies and procedures page on the EGSC website
I understand that membership is non-transferable and the eligibility period expires upon the last day of the month of payment.
I have read and understand *Usage of Fitness Facilities in Physical Education Building* and the *Rules for Fitness Facilities* including the provisions concerning consent to search of my bags, back pack, book bags and other personal belongings when using the EGSC Fitness Facilities. I agree to adhere to these policies and procedures. ______ (Intl)

<table>
<thead>
<tr>
<th>Patrons’s Signature</th>
<th>Date</th>
<th>Business Affairs</th>
<th>Date</th>
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**USAGE OF FITNESS FACILITIES IN PHYSICAL EDUCATION BUILDING POLICY IS ATTACHED. PLEASE READ AND UNDERSTAND THE POLICY PRIOR TO SIGNING YOUR NAME. QUESTIONS SHOULD BE DIRECTED TO THE DIRECTOR OF THE PHYSICAL EDUCATION COMPLEX OR THE VICE PRESIDENT OF STUDENT AFFAIRS.**

For an up-to-date copy, go to the policies and procedures page on the EGSC website.